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ORIGINAL DEPARTMENT.

Communications.

Medical Education.

What meaning is attached to the term, education? The mental and moral training which enables a man to acquire knowledge accurately and rapidly, and, also, to use information advantageously in his pursuit, may be said to constitute education. A man may have acquired power to speak several languages without being educated. An American boy of fourteen, of fair natural intellect, placed in a population of Germans during a couple of years, without hearing any other than the German language, will speak it sufficiently well for all ordinary purposes, though he may be quite unable to read or write either English or German. The same boy, transferred to a town where only French is spoken and understood, may, at the expiration of two years more, understand and speak French; and if he should then be thrown altogether among Spaniards, for a like period, he will be able to express himself in Spanish; and now, if he should mingle with Germans, Frenchmen, Spaniards and Englishmen, he will be able to communicate with each and all of them. Every one who has traveled on the continent of Europe has been served on the roads by guides and servants who speak two, three, or four languages, but who possess little or no power to acquire systematic knowledge. It is not very rare to find sprightly sailors, without even the rudiments of education, who possess a limited knowledge of several languages, and yet these men are incapable of learning the art of navigating a ship across the ocean. We find, too, men employed in chemical laboratories, who

are capable of superintending or conducting chemical processes without knowledge of chemical science, and men serving long in dissecting rooms, who become familiar with the names and situations of the various organs and parts of the human body, and yet are incapable of becoming chemists or anatomists.

The cause of this incapacity is not want of natural intelligence, nor ignorance of reading, writing and arithmetic, but lack of that training, through the effects of which the mind is enabled to perceive resemblances and differences between things, and to recognize their analogies and relations.

All the departments of medical science are difficult of comprehension to one whose mind has not been already trained on branches of knowledge which are commonly taught in academies and colleges. One who has learned merely to read, write and cypher well, may make himself acquainted with the theory and practice of medicine, as taught in the medical schools; but the same natural intellect, after having been disciplined by a college course, will learn with much greater facility. It is not that Latin and Greek are necessary, but because the study of those languages constitutes an admirable means of preparing the mind to comprehend more abstruse subjects. Quality of mind does not depend upon the kind of language it employs to express itself. A German or a French brain does not perform its functions better than an English or an Italian brain. Under equal circumstances they are equal, and their powers will be according to the system of cultivation to which they may have been subjected.

Those who have become distinguished medical philosophers and teachers have all received

what is called a classical education. This fact argues strongly in favor of a classical education for all who would become expert practitioners of medicine. The question to be determined is, how little academic learning is enough to enable a young man to study medicine profitably to himself and the community in which he is to practice, for no degree of knowledge, however extensive, will be found embarrassing to the medical student or practitioner.

The American Medical Association would do well to consider this question, and devise a curriculum of the preliminary studies essential to be mastered before entering upon professional education. What degree of acquaintance with Latin, Greek, mathematics, physics, or natural philosophy and natural history is sufficient to qualify a youth to become a respectable member of the profession? Or, in other words, what extent of common educational training will be sufficient to enable an ordinary natural mind to appreciate scientific truth?

It is true that our medical schools have bestowed diplomas upon young men, not only entirely destitute of classical knowledge, but also incapable of writing English according to the established rules of orthography and syntax. This fact is by no means a conclusive argument against the importance and use of classical education to the physician. "What has spelling or 'doing sums' to do with prescribing for a fever or amputating a leg?" A conceited ignoramus may believe this to be an unanswerable question, but thoughtful men conclude, nevertheless, that a practitioner whose observation and mental powers are unequal to spelling and the common operations of arithmetic, is not competent to appreciate the value of symptoms in disease, or judge correctly whether a limb must or need not be sacrificed to save life, even though he be licensed by a college diploma to decide a question of so much interest to the patient.

As the diploma, speaking generally, is no guarantee that its possessor is a safe and reliable physician or surgeon, how is the public to determine who of those announcing themselves as practitioners can be trusted to relieve

pain and postpone death when life is threatened by disease or injury? Shall the sufferer rely exclusively on the popularity of the practitioner, or upon what he may say of himself? Surely not, for in the herd of quacks, nostrum mongers, homœopaths, hydropaths, Thomsonians, botanics, &c., there are men of as great popularity as among the army of thoroughly educated physicians. As long as the public is willing to pay for such services as well, as freely as for the best advice of the best men, so long will the ranks of the profession be filled by pretenders, both regular and irregular. People consult their interests, and, therefore, it is necessary to demonstrate that highly educated physicians are profitably consulted, and that they cannot apply to ignorant practitioners without risk of loss of health or life.

Can the American Medical Association devise some measure to remove the evil universally complained of by the intelligent members of the profession? But nothing is to be expected from attempts to coerce the colleges to prolong their courses of instruction, or to elevate the standard of graduation, until the colleges cease to be conducted, in some degree, on the principle of rival stock companies, engaged in making money. If the school now having the largest number of pupils were to announce that, after the present session, a chair of medical jurisprudence would be added, and the course of instruction would be extended through eight months of the year, and that only those who could translate correctly the odes of Horace and any passage in the first book of Homer's Iliad would receive its diploma, the school would lose its patronage entirely, and be forced to close its doors in two or three years, because the crowd of students would prefer the easier routes to the doctorate. The competition between the schools is not exclusively in didactical science; the criterion of excellence includes a reference to professional receipts, which would abate in proportion to the difficulty which candidates for graduation might find in obtaining the professional rubrics of the school.

It has been proposed, in substance, that the

medical diploma alone shall not be a license to practice, but that all who desire to become practitioners shall submit to a scrutinizing examination by a Board of Examiners, to be appointed from and by members of each county society in a State, and that, without the approval of such board, no one shall be entitled to collect fees for medical services in the State. Even if the State legislatures could be induced to favor such a plan, to which all irregular and unqualified practitioners would be strenuously opposed, it is questionable whether the people would be better served than they are under the present system. It would be no easy task to make a uniform standard of qualification for all the county societies of even a single state, and it would be still more difficult for all the county societies of the country. The licentiates would be as unequal in qualifications as the graduates of all the schools of the United States are now, and the people would have no better guarantee of professional skill than they have at present.

Suppose that the diploma should become, in all cases, a reliable certificate that its possessor is competent, in every respect, to practice, does it follow that quacks of every name and grade would cease to receive any portion of the public patronage? Pretenders would still succeed, because there is and will be a popular faith in mystery, and a general notion that disease is in some way a sort of mythical entity which is to be poisoned and destroyed by drugs. But such considerations should stimulate us to improve the fountain of knowledge, and to diffuse physiological information among the people, to guard them against the impositions of medical charlatans.

If the Legislature of Pennsylvania were to enact laws, the effect of which would be to render medical teaching free, and at the same time restrict the power to grant license to practice to a single board of examiners, no member of which to be engaged in teaching, would sick people in the State be better advised than they may be now, if they choose—in other words, would authorized practitioners be better qualified than they are at present? Probably not!

R.

Delivery of Face Presentation, with Posterior Mento-Iliac Position.

By W. G. MEACHEM, M. D.,

Of Warsaw, N. Y.

September the 20th, I was summoned to Mrs. D., a primipara eighteen years of age. I reached her about 6 P. M., and ascertained that she had been in labor since morning. Her pains recurred at intervals of four or five minutes, and indicated no very remote delivery. From a tactile examination, per vaginam, I learned that the os tinctæ was dilated to the extent of a half dollar, and that its right anterior segment was pushed by a rounded and solid presenting part, into the pelvic cavity, to a considerable depth below the posterior segment. At this early period of the puerperal effort, I could not accurately define the presentation and the position; but, subsequently, when the diagnostic marks had been made, by the greater patency of the os, and the further descent of the foetus, more attainable; no very considerable obstetrical experience was requisite to determine that the face presented, and that the chin was directed posteriorly, while the forehead rested against the pubes. The same character of pain continued, with little or no variation, throughout the night, necessarily depriving her of sleep. Taking into consideration that the parturient woman was a primipara, and that the unusual presentation would probably require an unusual continuance of uterine contractile effort, I did not at once interfere with these pains; but in the morning, when I perceived that no progress had been made, and that Mrs. D. was becoming exhausted by the incessant and seemingly inefficient contractions, and the loss of sleep, I gave her pulv. opii, gr. ii., and, after a suitable interval, repeated the dose. This quieted her pains, and soothed her to sleep.

About 2 P. M. (the 21st), the hypnotic and anodyne influence of the opium having been expended, and the system having rallied from its exhaustion, the pains recurred with increased energy. After some time, however, perceiving that these renewed contractions accomplished little or no foetal descent, I prescribed pulv. ergotæ, 3*i*. This produced a sensible

effect. The presenting part now began to descend into the pelvic cavity, but at a very slow rate of progression. At lengthened intervals, I twice repeated the ergot. When she had been brought fully under its influence, the peculiarity of contractile effort which it induces was very manifest; the pain was continuous, although not of uniform severity, but experiencing exacerbation and remission. Soon after 8 P. M. the pains had become very energetic, and elicited much outcry. The pain and the outcry still augmenting in intensity. At 8 $\frac{1}{2}$ P. M. the membranous sac ruptured. At this period, and even earlier, the suffering had attained such a pitch, that the propriety of etherization or chloroformization became a serious question; but, unfortunately, I had no anesthetic with me, and I was distant three miles from my office, or a druggist. A short time previous to the discharge of the amniotic liquor, anticipating a probable contingency, I had posted a messenger to the village for obstetrical forceps, but long before his return, the delivery had been terminated. After the rupture of the membranes, a few pains, but these the most excruciating, sufficed to extrude the foetus.

The position of the face in its descent through the pelvic cavity, and its expulsion per vulvam, was sufficient cause for the tediousness of the labor and the intensity of the pain; the chin regarded the concavity of the sacrum, while the forehead rested against the pubes. I was unable accurately to ascertain, through the tense unruptured membranes, the position at the superior strait. I suspect that it was not a full presentation of the face, but a frontal variety, with the fronto-mental diameter nearly in the plain of the right oblique diameter of the strait. The usual positions of the face are those with the fronto-mental diameter in correspondence with the left oblique diameter of the superior strait, the chin or the forehead being in relation with the right sacro-iliac synchondrosis. The chin may, however, regard all the points of the pelvic brim. Ordinarily, whatever be the point with which the chin is in relation, after the periods of extension and descent, or contemporaneously with descent,

the chin is brought under the pubes, (period of rotation.) This evolution is not simply the usual one, but also by far the most favorable to both mother and child, as is evident from a comparison of the foetal with the maternal diameters. As soon as the chin has emerged from under the pubic arcade, the successive diameters which measure the delivery of the head are all considerably less than the corresponding diameter of the pelvic outlet, the antero-posterior. These foetal diameters measure as follows: The trachelo-frontal, 3 $\frac{1}{2}$ inches; the trachelo bregmatic, 3 $\frac{1}{2}$ inches; and the trachelo-occipital, 4 inches and 1 or 2 lines; whereas the antero-posterior diameter of the inferior strait measures 4 inches and 4 or 5 lines.

In the case which I am now reporting, from some inappreciable cause, the chin, which I suppose to have been turned posteriorly and to the right, failed to execute the movement of anterior rotation, and descended along the concavity of the sacrum. In this rare condition of things, spontaneous delivery is seldom accomplished. In the few cases in which it does occur, it is by virtue of one of two processes—either the chin flexes upon the breast, and the presentation is thereby converted from that of the face to that of the vertex; or the chin continues to descend along the sacral venter, the neck is elongated, the shoulders are pushed down to a degree into the pelvic cavity, and the face reaches the inferior strait. In the former case the flexion of the chin upon the sternum substitutes at the inferior strait, whose coccy-pubic diameter measures 4 inches, a favorable for an unfavorable foetal diameter, the occipito-frontal, which measures 4 inches for the occipito-mental, which measures 5 inches. In the latter case, the occiput resting behind the pubes, and the chin traversing the sacral concavity, when the chin has passed the extremity of the coccyx it pushes backward the extensible perineum, and the trachea is placed in apposition with the coccygeal extremity. Now the foetal diameters, which must successively coincide with the coccy-pubic in the expulsion of the head, are the same that present in the ordinary face delivery, when the chin

passes out under the pubic arcade, with the single difference that the trachea and the vertex have exchanged places. When the trachelo-frontal, trachelo-bregmatic, and trachelo-occipital diameters; in a word, when the vertex has cleared the arch of the pubes, the face is delivered by a simple progression. In Mrs. D.'s case the mechanism of delivery was this latter process, and, notwithstanding its attendant dangers, it resulted favorably to the infant, and without permanent injury to the mother.

When I had ligated the funis I discovered that Mrs. D. was profusely flowing, and, instantly exposing her abdomen, I directed an attendant to dash upon it cold water, which I had taken the precaution to have in readiness at the bedside. The cold douche served a very useful purpose as a temporary expedient. Conjecturing that the hemorrhage was dependent upon an imperfectly expelled placenta keeping the uterine orifice open, I seized the funis without delay, and attempted an extraction. Failing in this, I introduced my hand into the vagina, and grasping the funis near its placental insertion, again assayed an extraction. Finding that the cord was giving way under no very considerable tension, I grasped the placenta, and removed it piecemeal, literally by handfuls. A portion of it was retained within the uterus, and, to effect its removal, it became necessary to pass my hand into the uterine cavity. The uterus then contracted, and hemorrhage ceased. To ensure an effectual contraction, however, I administered a dose of ergot. Though the loss of blood was considerable, it was insufficient to occasion either complete syncope or convulsions. Upon the second day a puerperal metritis was developed, which persisted for two weeks, and imperiled her life.

The noteworthy points in this case are these: 1. It was a face presentation. 2. The usual anterior rotation failed to be accomplished, and the chin traversed the sacral venter, and emerged at the posterior vulvar fourchette. 3. Notwithstanding the infrequent and unfavorable mechanism, the delivery was terminated without prejudice to the infant, and

(barring the hemorrhage and the hysteritis) without prejudice to the mother. 4. The ergot was an efficient aid to the parturient effort. Let me consider each of these points in the briefest detail.

1. The very great infrequency of face presentations renders the record of every such case proper. According to Madam La Chappelle, of 15,652 children born in a period of nine years, only 72 presented the face. Among the causes assigned for this presentation are the obliquity of the uterus and the active movements of the foetus, either of which may be presumed to be sometimes able to extend the head, and thus convert a vertex into a face presentation. External violence, it seems probable, may also occasion a like result, and this I am disposed to regard the causation in Mrs. D.'s case; for, about a week previous to her confinement, she met with a fall which strained and contused her abdomen, and disabled her for some time.

2. Why the chin, which, when at the superior strait, I suspect to have been in apposition with the left sacro-iliac synchondrosis, (left posterior mento-iliac position,) failed to rotate anteriorly to the pubes, I do not presume to say. Indeed, it is seldom possible, in any individual case, to designate unerringly the causative agency in such failure. When this failure does occur, the accoucher's interference is almost always rendered necessary. In this case my interference was the administration of ergot.

3. The dangers attendant upon delivery in presentations of the face, when the chin remains posteriorly, are many and serious. The labor may prove tedious, and uterine inertia the result. The prolonged sojourn of the head in the pelvic cavity may occasion recto-vaginal and vesico-vaginal fistulae. The perineum may be ruptured. In this case daily catheterization was required for ten days after accouchment. Whether the inability to micturate was dependent upon temporary vesical paralysis, induced by long-continued pressure, or upon inflammation of the vesical peritoneum, or upon spasm of the sphincter vesicæ, or upon such a deflexion of the urethra as rendered the expel-

lent action of the detrusor urinæ nugatory, I cannot indeed say; but I incline to the opinion that the first-named was the chief, if not the only cause. It is also very probable that the unfavorable position of the face predisposed to the hemorrhage which occurred, by debilitating the uterine muscular fibre, and interfering with its prompt contraction after the extrusion of the foetus and its annexæ. The retention of a part of the placenta or the membranes within the cervix, a consequence, doubtless, of this inefficient uterine contraction, was the exciting cause of this complication. The only unpleasant sequela of this protracted and dangerous labor appreciable at this date, is an anæmia which has so impoverished her milk, that the babe, whose sustenance it is, is laboring with a thrush, attended with vomiting, diarrhoea, and extreme emaciation. Episodically, I may say, it is scarcely necessary to mention that, as soon as I had been informed of the condition of things, I advised the immediate weaning of the infant as a prophylactic and remedial expedient for both it and the mother.

4. Of the propriety of my administration of ergot in this case, I cannot entertain a suspicion. The labor had continued so long that speedy delivery was plainly indicated. I verily believe that uterine inertia would have resulted had the employment of the ergot been withheld. A recto-vaginal or a vesico-vaginal fistula might also have been produced, and the life of the foetus might have been jeopardized. The fortunate issue of this case, to both mother and child, furnishes another exemplification of the wonderful resources of nature, and of her ability to extricate the puerperal wheel from the deep rut of an unusual and difficult position, when timely jogged by an obstetric hand.

An Antiseptic Mixture for the preservation of blood globules, nerves, ganglia, the retina, and the white tissues generally, is recommended by Dr. Passini, to be made as follows: Protochloride of mercury, 1 part; chloride of sodium, 2; glycerine, 13; distilled water, 113 parts.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

NOVEMBER 2D.

Service of Dr. W. W. Gerhard.

(Reported by Mr. J. B. Hayes.)

Pneumonia—Case 1st.—After some preliminary remarks upon the method pursued by him in his clinical lectures, and upon the importance he attached to the signs furnished by the physiognomy in disease, and the information to be gathered from the general aspect and manner of a patient, with some general observations upon pneumonia, Dr. G. remarked:

This patient has not the aspect of a man in bad health. His countenance is slightly flushed; his eyes have that expression which shows that his mind is perfectly undisturbed; he has but slight dilatation of the nostrils, and in fact there is very little of the ordinary signs of pneumonia remaining in his countenance. The disease has been mild, and he has had it but a few days. He has a moderate degree of fever, his skin is warm and moist, his pulse is between 80 and 90, and perfectly regular. This characteristic of the pulse ought always to be looked to, for, in addition to pneumonia, we often have endocarditis. Some years it may frequently occur, in other years not at all.

Next, as to the chest. I ask him if he has pain? He has pain over the sternum; he does not refer it to the side. Now, in ordinary pneumonia, we have pain occurring as it does in pleurisy. What is the cause of the pain? The lungs are insensible to pain, but the pleura is sensitive, and is the seat of this pain in pneumonia. There is more movement, more friction, in the front of the chest, because there is the greatest play of the lung; therefore, this is the spot to which the pain is referred.

Percussion.—There is dullness of the lower portion of the right side; elsewhere the percussion is normal.

By *auscultation* we are made aware of the changes; we get some evidence of the particular *stage* of the disease. On the right side, in inspiration, we get an abundant crepitant rhonchus in the lower portion; in the upper part of the lower lobe, a certain amount of bronchial respiration. Under the axilla, again we find the same rhonchus, and also a friction sound; the latter is a sign of great importance. It enables us to demonstrate the disease. In every pleurisy we must have this sound. Fifteen years ago it was only in marked cases that it was detected.

This patient is now in a condition approaching convalescence. His disease is confined to the lower

lobe, and is of the eccentric or external variety, hence we recognize it easily.

His sputa amounts to almost nothing. Generally, there is in this disease a little expectoration, a viscid transparent liquid, small in quantity, somewhat tinged with blood.

Treatment.—He has been cupped once, and two ounces of blood taken. This is an insignificant amount, but the case did not demand bleeding. There was not so much difficulty of respiration as to warrant taking blood. If this be necessary, cupping is preferable to general bleeding, but you should use a scarificator that is in proper condition. Two-thirds of them are unfit to use upon a human being. I found this patient, in taking charge of the case, using the following prescription every four hours:

R. Hydrarg. chloridi mitis,
Antimonii sulph. $\frac{1}{2}$ gr. ss.
Ipecac. et opii pulv. gr. iv. M.

We will now discontinue the calomel, taking care to avoid producing ptyalism, which, if it be unnecessary, is sure to do a certain degree of mischief. I am not generally in the habit of using it, and as the patient is now convalescent, it will be discontinued. The Dover's powder may be continued, and ipecac. may be given instead of sulphuret of antimony. It is a better expectorant. He should have a mild diet, and a laxative sufficient to act upon the bowels—a dose of oil, salts, or half an ounce of Rochelle salts. He should be kept quiet in bed, so as to favor perspiration.

Case 2d.—This patient presents the same comfortable appearance. His respiration is not much hurried, and his pulse is soft. His pneumonia is now nearly gone. There remains only some crepitation and dullness in the lower portion of the right side.

His *treatment* has been the same as in the last case, until yesterday, when the calomel was suspended. He is now taking 4 grains of Dover's powder, with $\frac{1}{2}$ grain ipecac. every four hours. This pneumonia I suspect to be complicated with phthisis, and therefore it does not demand a debilitating treatment. He is not to be cupped or purged. He is to have a nourishing diet.

NOVEMBER 5TH.

Intermittent Fever.—The patient had the characteristic physiognomy of this disease. His sallow and pale complexion indicates an altered state of the blood. The patient is a sailor, and came from Florida fourteen days ago. He had chills of the quotidian form when he entered here. He has had but one since his admission.

Treatment.—He was put immediately on the anti-

periodic treatment, taking at first 24 grains of the sulphate of quinia every day. It is still continued, but reduced to 16 grains daily, to be still further gradually diminished to 6 grains a day, and combined with 4 grains of ferrum per hydrogen. His diet was to be increased and porter allowed. His tongue was dry at the centre, indicating that the patient was laboring under some disturbance of the stomach.

Dr. G. believes that intermittent fever is connected with and allied to remittent fever; that all fevers are allied diseases, with some broad lines of distinction, which sometimes approach each other, so that it is difficult to distinguish between the diseases.

Asthma.—This patient has a chronic affection of the chest, which does not confine him to his bed. His disease commenced three years ago with a cold. He has constant dyspnoea, more intense at night. His speech is interrupted by it. He has pain, referred to the course of the diaphragm. He expectorates a whitish phlegm. He has a small compressed pulse, and no fever.

Inspection.—In examining a person's chest I never make them strip off their garments and cause them to stand, as I have seen often done, much to their inconvenience, for half an hour. This patient's thorax is not much dilated, because old adhesions have been contracted by pleurisy.

The patient does not recollect his pleurisy, but most of you who have seen pleurisy, know that the pain is generally not severe.

Percussion.—Sounds unusually clear.

Auscultation—Inspiration feeble, and covered over, as it were, by a sonorous rhonchus, especially marked in the whole left lung. There is everywhere a thickening of the bronchial tubes, and they are at the same time both compressed and dilated.

It is important to examine the condition of the heart. The lungs are here perfectly independent of any disease of the heart.

Treatment.—If the disease be permanent, it is often an inconvenience rather than a serious disease. Much can be effected in the way of cure by change of locality, protection from changes of temperature by warm dress, etc.

We may interrupt the paroxysms by several processes, by stramonium, belladonna and tobacco. I dislike all narcotics but opium, and believe that if all else were swept out of existence, we should not miss them. The galvanic current is sometimes used, but it is excessively uncertain.

Strong counter-irritants to the breast give relief to a certain degree. Cupping will relieve the spasm if there is much congestion of the lung. Never bleed from the arm. I will direct cups to his skin, with three or four cut cups along the middle, and a

mixture of squills and lobelia every five or six hours

The remedies employed in asthma, if continued long, lose their effect, but many patients do improve upon them. You should beware of giving opium to women for two reasons—for the sake of the patient and for your own. She may become a confirmed opium eater, and impute the blame of her excesses to her physician.

Post-Mortem Specimen—Albuminuria.—This patient I found in a dying condition on taking charge of him. His case shows the connection between albuminuria and general tuberculous disease.

The kidneys are pale externally, with blotches of a deeper color. Internally, they are of a deep red, with yellow, granular points.

The spleen is healthy.

The lungs are tuberculous in the upper portions, and the small intestines present what I have no doubt are tuberculous ulcers; their edges are round and pale. He had diarrhoea for two weeks. The large intestine is healthy.

The lesion of the kidneys was the first step, I have no doubt, in the series of lesions which caused his death.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Condensed from Phonographic Reports for the Medical and Surgical Reporter.

The regular meeting of this Society took place Wednesday, Nov. 10th, DR. DALTON, President, in the chair.

DR. McCREADY presented a specimen of *Bright's disease*, accompanied with *pericarditis*, with the following remarks: A gentleman sent for me on the 22d of last month. He was a well built man, 51 years of age, who had always been an exceedingly free liver, eating well, and drinking largely, and enjoying life generally, in a sensual way. I had seen him the previous spring, when he was suffering from slight hemorrhage from the lungs. He also complained of weakness, and of his emaciation. The lungs were examined, but no disease was detected at that time. He was treated in the usual way, with benefit, and passed the summer at Saratoga, according to his ordinary habits, eating and drinking largely. After returning home he told me that a couple of weeks previous he had suffered very severely from an attack of gout, for which he had taken colchicum, with relief. Since that time, however, his appetite, which was unusually good, never returned. He was incapable of retaining any food upon his stomach. He also complained, very bit-

terly, that his sexual desires were almost entirely extinct; this he had noticed for two or three months. On questioning him, I found that he was suffering from irritability of the bladder, being obliged to pass his water more frequently than usual.

His urine, on examination, was found to be of a very light color, and contained a moderate amount of albumen. He did not, however, present any of the rational signs of Bright's disease. There was no oedema about the face; the countenance was a little paler than usual. He was put on iron, but without benefit. As the disease advanced, the stomach became more and more irritable, and difficulty of breathing set in. I then saw him with Dr. Metcalf. We examined him, but found no symptoms of pulmonary or cardiac disease. A few days afterward, a fine crackling was detected anteriorly, a little distance below the clavicle. This was absent posteriorly. It continued for several days, and seemed to diminish on the left side, while it increased on the right. At the end of four days some slight dulness was found over the upper part of one scapula, just at the supra-spinal fossa; there was also a little bronchial respiration detected. As these symptoms began to decline, a double friction sound was found over the heart. This increased, and became exceedingly loud, so much so as to be distinctly heard over the whole of the cardiac region. In the meanwhile the stomach became more and more irritable, so that he was entirely unable to retain any food; he had also, during the disease, a little hemorrhage from the nose, which continued, slight however, until the day of his death. On the last day there was some suppression of the urine; he passed his water but once in 36 hours. He died yesterday afternoon, shortly after 3 o'clock.

On post mortem examination we found two or three tubercles at the summit of the left lung, and the remains of pneumonia in the right lung. The heart showed evidences of intense recent pericarditis, the surfaces being very much roughened by the deposit of plastic material. The kidneys were contracted, and in an advanced stage of Bright's disease.

The case was interesting, as affording an example of what we see every once in a while, namely, an attack of organic disease of the kidneys, proceeding to an advanced stage, producing no symptoms until two or three weeks before death. This absence of symptoms is especially to be observed in those cases where the renal degeneration is the result of gout, and the kidney presented is a fair specimen of what Todd calls the gouty kidney.

Encysted Tumors in the Peritoneal Cavity.—DR. ALONZO CLARK presented two small tumors, for the sake of explaining their nature. He was not aware

that these tumors had been reported upon by any body.

One of them was found attached to the small intestines, and partly imbedded in the fat that covered it, so much so, that it could not be very easily turned out. Whether it has any connection to the intestines by vessels, cannot be ascertained in its present condition. It is about the size of a bean, but a little more globular, and does not seem to have provoked any irritation whatever. Here is another of the same character, obtained a few days ago by Dr. Burgess. Dr. B. remarked, that in making the post mortem, he picked it out of the peritoneal cavity, and that it had no connection with anything. These tumors are both of the same nature. Their constitution is simple enough, and entirely harmless. Each one of them has a cyst, that seems to have been a portion of the growth, and for that reason it seems as if there must have been some vessel connected with it.

The first tumor consists principally of oily matter. In the tumor that was found detached in the peritoneal cavity, the contents were found to be partly fatty, partly oily; they must have been fluid, at the ordinary temperature of the body, but are now solid. Under the microscope, the contents of the tumor presented that stellate crystallization peculiar to fatty matter. The older of the two specimens is a little more complex in its composition, but probably had a similar origin. It contains some oil, but is made up principally of cholesterol; it also contains some triple phosphates, a very common deposit in old structures. It also contained some material which was at first supposed to be epithelial, which it was thought might have been formed by the friction of the parietal peritoneum, in such a manner as to roll up a mass of epithelium upon the growth, but on further examination it was found that it was not epithelial, but the remains of the cysts of adipose material.

These specimens, then, are nothing but encysted fatty tumors developed in the peritoneal cavity.

Heart Disease; Vegetation on the Aortic Valves.—Dr. Clark next presented a specimen of heart disease for a candidate. The specimen showed a large vegetation growing from the inner surface of one of the triple divisions of one of the aortic valves, extending upward about an inch. The valves are very much thickened.

History.—J. S., 28 years of age, a native of New York, of nervous temperament, at the age of nine years had an attack of inflammatory rheumatism, which lasted for three months. One year after that, he was attacked with chorea, which manifested itself at intervals for about one year. At the age of thirteen he suffered from a second attack of inflammatory rheumatism from which he

recovered. Since that time his health has been good. For the past six years he has resided in this city, during which time his health seemed to himself and his friends to be firmly established, and he was engaged in the active practice of the legal profession; his place of business being in one of the upper stories, obliged him to ascend four flights of stairs, from four to twenty times a day. In addition to this, he walked long distances, in collecting notes for banks. All this exertion produced no palpitation, dyspnoea, or in fact anything that would lead to the suspicion of cardiac disease. On the 20th of October he stated that he did not feel exactly well; he complained of chills, a tired sensation in his limbs, and a general indisposition to exertion or labor. The pulse and skin at this time were natural. He continued in about this condition, feeling one day well and the next day worse, taking daily by the advice of his friends, from 2 to 4 grains of quinine, with an occasional cathartic dose of Rochelle salts, until Friday, Oct. 28th, he called on a physician, and complained of pain in the gluteal muscles, which partook so much of the rheumatic character that his physician was led to a very careful examination of the heart. Nothing abnormal was detected. On November 1st, his tongue was found to become dry and brown. He remained in the condition already described, with the tongue brown and dry, the pulse about 70, the respiration 20, the skin natural, up to November 3d. At that time he was ordered beef-tea and Dover's powders. Thursday he was about the same. On Friday the pulse was found to be 80, and irregular. Auscultation over the precordial region, gave a prolonged, harsh murmur, beginning with the commencement of the first sound, and ending with the end of the second, most intense at the base of the aorta. The rational symptoms remained about the same. Soon after he was attacked with extreme dyspnoea, respiration increased to 60 per minute. The physical signs were not changed. A diagnosis was made of pericarditis.

Treatment.—Calomel and opium, and a blister over the precordial region.

On Saturday, at 9½ o'clock, A. M., it was ascertained that the patient had passed a very restless night. On examination the physical signs were not found changed. At 12 o'clock, at noon the same day, the physician was called in haste, and found the patient dead. He died a few minutes after having been placed on the night-chair.

Post Mortem Examination.—There was a moderate quantity of serous fluid found in the pleural cavity, without any membranous exudation; it looked, as serous fluids are apt to, where there is obstruction of the venous circulation and the effusion is passive. The pericardium contained a moderate amount of serous fluid, that was decidedly flocculent. On

scraping the pericardium with a scalpel, a considerable quantity of membranous exudation was made apparent, which being very delicate and thin, could not well be seen except by this mode of examination. We were disappointed in finding so little of pericarditis. The point of interest to us was that the murmurs alluded to, should have been produced so rapidly, and so little could be found to show for them on the outside of the heart. In searching farther, we found the heart entirely filled with blood, mostly coagulated; on emptying this out, we found the disease to consist of *vegetation* of the strong and coarse variety, which was situated at the inner surface of one of the aortic valves, rising up from the tip of the valve and bent down behind it, in such a way as to obstruct the current of the out-going blood, and preventing complete closure of the valves, thus permitting free regurgitation; the valves are very decidedly thickened. It is quite probable that this vegetation was of considerable duration; a portion of it seems to have been recently formed. The constitution of this matter is that of a fibrinous granulation, without vascularity; a portion of it looks very much like recent coagulation. The highest portions have the usual appearance of vegetation, being materially fibrillated, containing a great quantity of granules and some oily matter. Different portions of the mass appear to be of different ages. It seems quite evident that these vegetations must have been present, when the physician first made the examination, and no murmur was found.

DR. BAUER called attention to the importance of these vegetations in connection with the subject of pyæmia. From the researches of Virchow it was evident that these vegetations often became detached, were carried along with the blood until they become entangled in some smaller vessels, where they caused embolus, with its results of gangrene and multipolar abscesses, which had often been erroneously ascribed to absorption of pus.

(For the details of a very interesting case of gangrene of the leg, in consequence of embolus in the deep femoral artery co-existing with vegetations in the heart, see *Gaz. Hebdom.* vol. v, p. 693.—REPORter.)

DR. A. C. POST presented a small piece of bone which had formed sequestrum, and was removed from the upper part of the tibia. It had caused a great deal of suffering. The specimen was of interest as showing how large an amount of irritation may be produced by so diminutive a cause.

Vegetations on the Mitral Valves—Uterus after Delivery.—DR. FINNELL presented the uterus and heart of a large fat woman, forty years of age.

Some fifteen years ago she suffered from a very severe attack of rheumatism; since that time she

has had more or less pain and palpitation about the heart. On Sunday, a week ago, she was taken in labor with her eighth child. The labor progressed very slowly. The pains after some few hours having passed away, the gentleman in attendance thought it proper to use the forceps, and accomplished delivery. The patient went on very comfortably until the eighth day after confinement; on that day she went to bed about eight o'clock in the evening. When her husband came home, he went to her bed and found her, as he supposed asleep, with the child lying on her arm. He went out and returned in a few hours, and found her in the same position—dead.

On post mortem examination, a small amount of vegetation upon the free margin of the mitral valve was found. No lesion of any other valve was present. The pericardium contained about three ounces of fluid.

The *uterus* was presented in order to show its appearance one week after delivery. At the mouth of the uterus there are two lacerations, one large enough to admit of the passage of the finger. There is a very distinct corpus luteum on the ovary of the left side.

Perineal Stricture of the Urethra—Pelvic Abscess—Atrophy, with Calcific Degeneration of the Kidney.—DR. MARKOE presented a bladder and kidneys, with ureters attached, which were taken from a patient, forty-six years of age, who was operated upon at the New York Hospital, for perineal stricture, about one month ago. The patient was very carefully examined, but no gonorrhœal antecedents could be traced. He stated, that when a young lad about fifteen years of age, he had suffered from some difficulty about his water-works, attended with stoppage of the urine, and associated with the occasional passage of gravel, the exact quantity of which could not be ascertained. From that period he was never entirely free from some obstruction in the passage of his urine. As he grew up to the age of manhood he presented more distinct symptoms of stricture, but never required the introduction of an instrument but once. So he went on for nine years, without suffering very severely until about a year ago, when he presented himself to us. At that time there was an abscess forming, which broke; shortly afterward two secondary abscesses were formed in the perineal region. These rendered his life so exceedingly uncomfortable, that he was induced to apply for an operation. On examination the patient was found to be a man of tolerably good health and presented no evidence of any diseased condition of the urinary organs which led us to suspect the existence of any such organic disease as was afterwards found.

He was operated upon in the usual way by divid

ing the stricture. The operation was apparently as successful as in any case. For eight days after the operation the patient appeared to be perfectly well, and the case in every respect a promising one. The instrument was removed four days after the operation, after which it was introduced three or four times, with a view of keeping the passage open. At the end of eight days he was attacked with chills, pain in the perineum, attended with fever, which led to the suspicion of the presence of unhealthy suppuration. The disease advanced very rapidly. Four days afterward, low fever, with muttering delirium set in and he died.

On *post-mortem* examination a pelvic abscess was found, which had formed about the neck of the bladder, running behind the pubis, the walls of the abscess being covered with a detritus, looking almost like a slough. The abscess had opened into the cut which had been made by the operation. The walls of the bladder were thickened and contracted. The right kidney was found to be exceedingly enlarged, and somewhat congested; otherwise it was healthy in structure. It weighed about twelve ounces, and the ureter belonging to it was dilated.

The left kidney has undergone a peculiar change indeed. In fact it has disappeared almost entirely, and there is in its place an irregular bony body about two inches and a half long, an inch wide, and little less than an inch thick. Within this bony encasement there was found a peculiar tarry fluid, of a reddish color. The bony encasement was not complete, but nearly so; it occupies about three-quarters of the mass. The rest is made up of a fatty material, which perhaps might represent the remaining portion of the structure of the kidney. The case then presents a striking instance of a most complete and thorough destructive process, the degeneration having taken the shape of calcific deposit, the structure of the kidney being destroyed, and the supra-renal capsule being converted into cholesterine. The ureter on that side was entirely obliterated; no instrument could be passed through it.

This case seemed to point to a very advanced condition of atrophy, and it is an interesting question whether this condition might not have dated back to his early life, at the age of fifteen, when he had what he called an attack of gravel, and perhaps the process was not completed until the time of his death, 31 years afterward.

Testicular Disease—Epidydemitis—Abscesses.—DR. MARKOE next presented a testicle which was removed from a patient in the New York Hospital. He was a man between 40 and 50 years of age. His history was very carefully studied, but no very certain evidence of constitutional syphilis was found, nor any clear marks of scrofula in early life, or at the time when he presented himself. He had on

the right side an enlarged testicle, which he stated had been growing gradually for two or three years. It had never given him any very severe pain. Some weeks before he came into the hospital, an ulcer had formed on the scrotum, on the affected side, about the size of a two shilling piece, the edges of which were more or less inverted. From the slight protrusion of the ulcer, and from its remaining in this flattened condition for several weeks, not presenting any fungoid character, it was diagnosed as not being connected with the testicular substance. The patient had had primary syphilis, chancre treated with mercury successfully, followed by a bubo, but no secondary syphilis could be traced.

The disease progressed in spite of the treatment employed, and it soon became evident that removal of the testicle was advisable, and as the patient was anxious to get well, the operation was performed. On examination, after a very careful dissection, the testicle itself was found to be perfectly healthy. The epidydemitis, however, was found to be the seat of chronic serofulous inflammation. It contained several small abscesses, varying from the size of a small bead to that of a hickory nut, containing thick pus and some more solid material. Whether these are tubercular softenings, or whether they were merely the result of plastic inflammation, could not be decided, as a microscopical examination had not yet been made.

DR. BIBBINS presented six *uric acid calculi*, obtained from the same patient, 5½ months old, from which he had shown specimens at the last meeting, making thirteen in all. Five of them were passed without assistance. The last one, which was a little more than a line in diameter, became impacted in the urethra, and had to be removed by mechanical means. As far as his inquiries extended, this was the youngest subject of uric acid calculi. For the eight years during which he had been connected with the Dispensary, during which time he had seen upwards of five thousand children, he had never seen a case in so young a child.

DR. McCREADY referred to similar cases, which he had observed.

DR. GOULEY stated that he had seen the kidney of a child only a month old, the pelvis and infundibulum of which was filled with small calculi.

DR. BAUER presented a heart and kidneys which had been taken from a patient in Brooklyn. The patient had been suffering sometime from asthma. During his last illness he presented a very marked bronze discoloration of the skin. This condition created a suspicion that there was some disease of the supra-renal glands. But a careful examination convinced him that it was nothing more nor less than *uterus*, modified by the asthmatic difficulty of respiration. On *post mortem* examination the heart

was found closely connected with the pericardium; the valves have also been the seat of disease. The heart is very much enlarged, the ventricles being increased at least three or four times their natural size. The lungs were healthy, with the exception of some traces of emphysema. The kidneys were found to be degenerated with dilatation of the ureters. The condition of the liver convinced him that there was very inefficient action of that organ, so much so, that the elements of bile were retained in the blood and deposited in the skin. The constant asthma may have modified the icterus to such an extent as to give rise to the bronze color, which was present.

The same gentleman presented a specimen of ulcerative inflammation of the intestines, and another of incarcerated hernia.

The Society then went into executive session.

EDITORIAL DEPARTMENT.

Periscope.

Alcoholic Liquors in Pulmonary Consumption.—Within these few years past, the use of alcoholic liquors, both as a preventive and a cure of consumption, has acquired some vogue, and received strong medical sanction. Among the few and prominent advocates of the practice, we may mention the names of Dr. J. B. S. Jackson, of Boston, and Dr. Peters, of New York, who gave the results of autopsies, which seemed to indicate its protecting power in this way. Since then, little has been done to test the accuracy of the opinions thus advanced, although the leaning both of the professional and general public in its favor has increased.

A question of so much importance as this could not be settled by citing a few individual cases one way or the other, and in view of this difficulty, the trustees of the Fiske Fund, of Rhode Island, offered, in 1858, a premium of two hundred dollars for the best dissertation on the following subject:—"The Effect of the Use of Alcoholic Liquors in Tubercular Disease, or in Constitutions Predisposed to Such Disease, to be Shown, as far as Possible, by Statistics."

On the first of June of the present year, the trustees announced that the premium had been awarded to Dr. John Bell, of New York, whose essay we find published in the *American Journal of Medical Sciences* for October, 1839. Dr. Bell, after making free use of the statistics of England, and of Boston, New York,

Philadelphia and Baltimore, especially in the numerical relations of phthisis and intemperance to each other, and pointing out the difficulties which embarrass the inquirer in this line of research, arrives at the following general conclusions:

"1. The opinion so largely prevailing as to the effects of the use of alcoholic liquors, viz: that they have a marked influence in preventing the deposition of tubercle, is destitute of any solid foundation.

"2. On the contrary, their use appears rather to predispose to tubercular deposition.

"3. When tubercle already exists, alcohol has no obvious effect in modifying the usual course run by this substance.

"Neither does it mitigate, in any considerable degree, the morbid effects of tubercle upon the system, in any stage of the disease."

Causes of Jaundice, as given by Frerichs, are of two kinds—those which are mechanical in origin, and those in which there exists no anatomical change to account for the symptoms. Of the mechanical sort, the most common is inflammation of the mucous membrane of large bile ducts. Partial obstruction of the ducts may also be produced by pressure of the colon distended with feces, of pregnant uterus, or of enlarged lymphatic glands. The gall ducts may also be obstructed by their contents, by impaction of gall stones, inspissated bile, and, very rarely, by foreign bodies—lumbrici, fruit stones, etc., which have entered the ducts from the intestine. The most intense jaundice results from complete obstruction of the hepatic duct, as through inflammatory adhesions, cicatrization of ulcers of its mucous membrane, impaction of foreign bodies, or cancerous growths. Most commonly, the obliteration of the ducts is caused by external pressure on them by cancer of pylorus, duodenum, head of pancreas, or hepatic tumor. Again, jaundice may result from cancer of the liver, hydatids, abscess, etc., its intensity depending upon the number of large ducts obstructed. Tumors on the concave surface are usually accompanied with jaundice, but those on the convex surface are not. The jaundice, connected with heart disease, and hyperæmia of liver, is generally limited to slight yellow discoloration of the skin and cornea. The non-mechanical causes of jaundice are mental emotions, ether and chloroform inhalation, snake bites, purulent infection and typhus.—*Med. Times and Gazette*.

A Case of Congenital Encephalocele is reported in the *Med. Times and Gaz.*, which projected from the posterior part of the cranium, and measured nine inches in its vertical circumference. The child lived nearly five weeks. An autopsy showed that the greater part of the tumor consisted of the cerebellum with some straw-colored fluid. It had escaped from an opening in the occipital bone, the result of arrest of bony development.

On the Treatment of Chancres.—DR. SIGISMUND, of Vienna, wishes to have attention called to his experiments on chancres and inoculated syphilitic pustules, which he has continued since 1842. Painting over from four to six times daily with *absolute alcohol*, induced rapid cicatrization of primary ulcers, commonly within three to five days from their appearance, while on inoculated spots it had the effect of preventing or absorbing the pustule.

Antimony.—We are indebted to a German monk, an alchemist of the 15th century—Basil Valentine—for the discovery of this metal. It is related that, having thrown some of it to the hogs, it purged them violently, after which they became fat; and, in the kindness of his heart, thinking that his brother monks might be benefited by a similar dose of this delightful medicine, he administered it. But the effects were fatal, for the monks died; hence, the medicine was called *anti-moine* or *acti-monk*.—*Scientif. Amer.*

Obstetrical Explosion!—Dr. Bedford is authority for the following illustration of error of diagnosis of pregnancy, in one of his lectures published in the *N. Y. Med. Press*: “The sufferings of the patient increased; she was urged to make the most of her pains—‘to bear down and assist nature’—when lo! in the midst of one of those powerful efforts to ‘assist nature’, there was heard an explosion which struck terror into all present, the doctor included. The patient, as soon as she recovered from the prodigious effort which had occasioned the explosion, exclaimed: ‘Oh! dear doctor, it’s all over; do tell me if it’s a boy!’ The explosion was nothing more than an escape of air from the bowels, the patient having mistaken flatulence for pregnancy, and the rumbling of gases in the intestines for the motions of the foetus!”

Reviews and Book Notices.

On Diseases of the Heart. By AUSTIN FLINT, M. D., Professor of the Theory and Practice of Medicine in the University of Louisiana, etc., etc. Philadelphia: Blanchard & Lea. 1859.

This is a valuable work on an important subject. Dr. Flint's well known energy, reliability and high mental endowments, as evinced in his previous publications, would lead us to expect a great deal of practical advantage from the perusal of any work bearing his name on a theme so important to the general practitioner as cardiac disease. He has succeeded in presenting the whole subject in a clear, methodical manner, which renders it easy for the student to master it, while we are glad to see that he has not “drawn out this brief into as huge a volume” as some writers find necessary to express their ideas. The mode of arrangement adopted has advantages over that which has been generally made use of by his predecessors in this branch of medical science. Dr. Flint considers first the elements, as it were, of cardiac disorders, and gradually advances to the more complex derangements, and is thus enabled to give a more physiological pathology than by any other plan. We regard this as an advance in the right direction. We shall never be free from empiricism and charlatany until we are able to give the reasons for the faith that is in us; and this we can only do by becoming better acquainted with the laws of vital action, both in health and disease. The thanks of the profession are due to Dr. Flint for the able manner in which he has contributed his quota toward this grand object, and also to the publishers for the excellent style of the book as regards paper, type, etc.

There are two points on account of which we must qualify our praise of this work. The first is, such occasional carelessness as the use “dependent” for “depending,” “sufficient” for “sufficiently,” “auricular” for “auricle,” which mars a style otherwise elegant. The other is the entire omission of any allusion to Dr. G. B. Wood's peculiar views of the active expansion of the heart during the ventricular diastole. Dr. Wood thinks that the heart, immediately after the passive diastole, suddenly enlarges itself forcibly, thus giving rise to the active diastole and the impulse. Dr. Flint maintains that the impulse is due to the elongation of the ventricles during their contraction, as proved by Pennock and Moore, and

by Dalton. The opinions of one who holds so high a place in medical regard as Dr. Wood, should be at least respectfully noticed. We hope to see both these faults remedied in a future edition.

A Practical Treatise on Enteric Fever; its Diagnosis and Treatment: Being an Analysis of One Hundred and Thirty consecutive Cases, derived from private practice, and embracing a partial History of the Disease in Virginia. By JAMES E. REEVES, M. D. 12mo. Pp. 200. Philadelphia: J. B. Lippincott & Co. 1859.

This little work has been on our table for some time, awaiting a more extended notice than we find we have space to give it. It is a carefully prepared and exceedingly practical and useful treatise upon a very prevalent form of fever, and is well worthy a place in the library of every physician. The author has taken great pains to obtain the views and practice of *country practitioners*, and this fact, in our view, adds *very greatly* to the value of the work, for we have ever regarded the opinions of the practical country doctor, who sees diseases in less complicated forms, than most of those do who supply us with our medical literature, as possessing a degree of value that entitles them to great respect.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, NOVEMBER 28, 1859.

REMOVAL.

In order to accommodate the rapidly increasing business of the REPORTER, and relieve the editors of much labor in connection with the publishing department of the work, we have found it necessary to take an office, where the business affairs of the work will be attended to by a competent person, whose whole time will be devoted to it.

This office has been located at No. 108 South Eighth street, a few doors below Chestnut street, in a part of the city that will be easy of access to both our city and country subscribers and friends.

We have received from the Secretary of the Scott County Iowa Medical Society, an official notice to the effect that Dr. Ignatius Langer, recently a member of that society, has been expelled from membership on several specifications of unprofessional conduct, particularly in connection with his treatment of females during pregnancy.

The fact that Dr. Langer is chairman of a committee of the American Medical Association on the subject of cutaneous injections, on which he was expected to report at the next meeting, gives us occasion to comment on the exceedingly loose manner in which the Association often appoints its special committees. It is not unusual for physicians not members of that body to get their names proposed as chairmen of special committees, apparently sometimes for the accomplishment of some selfish end, as they neglect the duties imposed on them at their own request, though, to be sure, they have gained the endorsement of the Association to their *ability* to report on the subject referred to them.

It is, of course, all well enough to refer special subjects to members of the profession of acknowledged ability to report on them. But when a man who is unknown to the profession, volunteers a special report, his services should be accepted only after careful examination into his standing and qualifications. The Association should guard more against being used as an instrument in advancing the interests of designing men.

As the constitution of the Association was so amended at its last meeting as to exclude from membership those who are not in good standing in their local societies, Dr. Langer will not be permitted to report on the subject assigned to him at the last meeting.

The Physician's Hand-Book of Practice for 1860.—This vade mecum of practical medicine and Visiting List for 1860 is, fortunately for the authors and publishers, issued in good season this year. It differs in several important particulars from other visiting lists published in this country. Its authors, Drs. W. Elmer and Louis Elsberg, have taken very great pains to perfect the work, having compared it diligently with works of a similar character in this country and Europe, and any one who will examine it will find that it gives evidence of great diligence in its preparation. They will be astonished to find how much information has been crowded into the chapters preceding the blanks for the records of daily visits, for which there are blanks for 550 patients.

We cannot mention each subject treated of, but there is a list of diseases, their diagnosis and treatment; a list of remedies, doses, etc.; Dr. M. Hall's ready method of treating asphyxia with a descriptive cut; poisons and their antidotes; the diagnostic examination of urine; remarks on writing prescriptions; weights and measures; medicated baths, etc.

With all that this work contains, its size is very convenient for carrying in the pocket, and those who desire to carry the essence of a medical library about them will find in this work all that they can desire.

The Hygienic and Literary Magazine.—Our friend, Dr. V. H. Talliaferro, of Atlanta, Ga., has changed the "*Medical and Literary Weekly*" into a monthly publication, and associated with himself in its editorial management, Mr. C. T. C. Deake and Rev. M. A. Malsby. The intention is to make it a literary work of high character, while a portion of it will be devoted, as heretofore, to the elucidation of the laws of health. There will also be an educational department. The first monthly number will appear the first of Decembeare. We trust that our readers will support this enterprise, as, judging from the work which it succeeds, it will be very worthy of support. The subscription price is but two dollars a year.

Correspondence.

MEDICAL MATTERS IN DUBLIN.¹

Sept. 5th.—On arriving at Dublin, I visited the celebrated Lying-in Hospital, Rutland Square. The present Master is Alfred McClintock, M. D., etc. He was present in the obstetric wards at the time of my visit, and on presenting my card, he received me most kindly, inviting me also to attend his clinic for diseases of females, which is at 9 o'clock. It is truly a grand hospital; there is nothing in England, Scotland, Belgium, Germany or France that can at all compare with it. "As a charity for the relief of human suffering in its most trying form, as a seminary for practical instruction in midwifery, and as a source of *obstetric data*, this hospital has more than realized the most sanguine expectations of its founder." In support of these assertions, Dr. McClintock stated that over 183,000 women have

been admitted into the hospital during the century just closing. Secondly, that since the year 1786, upwards of 5,000 pupils, from every part of the civilized world, have received their obstetric education within its walls, and that it has given to the world the well digested statistical results of about 47,000 cases of labor. Such a collection of minute obstetric data, relating to every variety, complication, and phase of parturition, and its consequences has not been published by any other institution. This hospital is the result of the labors of one man. Surgeon Bartholomew Mosse, son of the Rev. Thomas Mosse, Rector of Maryboro', in Queen's County. He was born in the year 1712, served an apprenticeship to Surgeon John Stone, of the city of Dublin, and received a qualification or license to practice, in 1733, from the Surgeon General of the day. He also obtained from the College of Physicians in 1742, their license to practice the art of midwifery. Mosse being desirous of improving himself in surgery and midwifery, traveled into England, France, Holland and several other parts of Europe. In this tour he paid particular attention to the hospitals of the countries through which he traveled, as before his departure from home; he had become convinced of the great usefulness, if not necessity, of having an hospital for lying-in women in the city of Dublin.

The circumstances which most strongly led him to believe in the existence of this necessity, were: 1stly, the privations and miseries endured by the women of the humbler classes, especially among tradesmen, during the time of child birth; and, 2ndly, the insuperable difficulties that existed to the acquisition of obstetric knowledge in Ireland, insomuch that medical men were obliged to resort to some of the continental schools to learn midwifery.

Having matured his plans, he took a large house in South George's street, furnished it with beds and other requisites, and opened it for the reception of patients on the 13th March, 1745. This hospital was maintained entirely by Mosse himself for a considerable time; subsequently, however, voluntary contributions came in. Besides this source of income, he obtained some money by concerts, oratorios, &c., which he himself planned, and the expense and risk of these he solely sustained. This continued to be the hospital till the 8th December, 1757, when the present building was opened. We cannot, in this hasty sketch, follow him in all his difficulties and trials; but ultimately, by obtaining one or two grants from Parliament, by 8th December, 1757, the present hospital was finished for the reception of patients, and formally opened.

"Thus Mosse had the gratification of seeing the hospital completed. The toil, the anxieties of many years were at length rewarded. The object of his

¹ A communication to the MEDICAL AND SURGICAL REPORTER, by Laurence Turnbull, M. D., Surgeon to the Eye and Ear Department of the Howard Hospital and Infirmary for Incurables of Philadelphia.

highest ambition had now been obtained, but he was not destined long to enjoy this happiness.

The effects of protracted mental and bodily fatigue began to show themselves, now that the urgent stimulus to exertion was withdrawn. Symptoms of serious disease appeared within twelve months from the opening of the hospital, and on the 16th February, 1759, he expired in the 47th year of his age.

Such, remarked Dr. McClintock, is the man who, undismayed by difficulties, unmoved by slander, and undeterred by want of means, resolutely prosecuted his great design of founding "an institution capable of freely receiving within its walls all who might apply, having poverty for their plea, and the pains of approaching child-birth as the grounds of their request." May we not well feel proud to claim him as one of our common profession?

Dr. McClintock visits the obstetric wards every day at 10 o'clock, and his senior assistant the same wards every evening. In his visits in the morning, he is attended by his assistants and three or four students. The women are admitted, day or night, as soon as labor pains have commenced. Should they be false pains, they again return to their homes. The assistant or medical man on duty attends upon the cases in rotation; they are delivered in a small ward near the main wards on a low, narrow bed, with a sheet or cloth attached to the head of the bed; they are all delivered on the side. After the labor is completed, and the placenta is delivered, for which in every case they wait 20 minutes before making any effort to extract it, a large linen bandage is applied, with considerable tightness, as low as the trochanter major, and the woman wrapped in blankets, is transferred to the ward, being carried by the nurse, (not made to walk, as in some hospitals.) They remain in the hospital until the 8th day, and if well, are then discharged. No one is admitted to see them until the third day, and then only by a ticket from the Master. Simple hardness and fulness of the breast is treated by a cloth applied, called a "cire-cloth," which consists of a mixture of wax and oil spread upon a linen cloth. If the nipples are retracted, a small gum-elastic bottle is applied, and exhausted until the nipple becomes of the proper shape. If the breast is not disposed to become soft, and an abscess is about to form, a lotion of the hydrochloride of ammonia is employed, with vinegar applied cold; but if there is a chill, or a disposition for matter to form, this is changed, and warm fomentations are applied. As soon as the matter points, it is evacuated. For irritable nipples, the following ointment is employed:

R. Zinci oxidum, 3*l.*
Myroxylon, 3 ss.
Ol. amygd.
Ceræ alb., $\frac{aa}{aa}$ 3 ss.
Mellis, 3*l.* M.

Or a wash of borax and prepared chalk, equal parts, in rose water in cases where there are cracks or fissures in the nipple.

They as a rule give the woman, when she comes in, a laxative, and, therefore, do not, in every case, give a purgative on the second or third day. I saw in the wards three cases of, what Dr. McC. called *cellulitis*, namely, an inflammation of the cellular tissue over the ilium, with swelling in the groin, pains and hardness, with fever; and in one case it had suppurred, so as to cause a discharge of pus by the bowels. His treatment of the acute cases, was local depletion, with moderate doses of calomel and opium, followed, when the case has become chronic, by the internal use of tonics and stimulants. Local application, in acute cases, leeches, and in the chronic, the ung. hydrarg. over the surface.

Dr. McC. passed carefully through the wards with us, filling up the diet book, which is very moderate for the first few days; but if the case demands it, he administers beef tea, porter, egg, etc. Every patient receives clean sheets every day. There are as many as forty pair for each ward. Everything that has been used is removed, and they are kept well aired with an abundance of pure air. The original hospital building had a large area of open ground around it, now partly occupied by new Hospital buildings, public rooms, and rotunda garden. In the event of a patient becoming very ill, she is removed into another small ward, so as to allow her friends to be near her, and thus if she should die, she is not seen by any of the patients in the wards. Everything about the Hospital is clean and neat, with a large attendance of most excellent nurses.

Sept. 6th. This morning visited the obstetric wards, and saw two cases delivered. Everything was conducted with as much care and delicacy as at the patient's home. The attendant in one case was the senior assistant, and in the second, a surgeon of her Majesty's forces in India, who all have to be now well versed in midwifery. Indeed, by the new arrangement, they must have attended from 11 to 25 cases, and some of the examining boards require even more. We then passed into the wards for diseases of women, which are entirely removed, and on the left side of the main building. There were a number of cases to be seen by the master, many from the country. These were in a room by themselves, and were admitted into the examining room, each in turn, fixed upon the bed, the speculum introduced, and if there were anything of interest, we were admitted to see the cases. The application was made, we then all withdrew, and a second was admitted, nothing being stated of the disease in the presence of the patient, but told to us in the main ward. There were cases of abrasion of the surface of the os uteri and ulceration. The applications

consisted of tinct. iodine, solution of nitrate of silver, $\frac{2}{3}$ ii to $\frac{1}{3}$ i of water. He showed us a very interesting case, in which he had removed the entire neck of the os uteri, by the operation of *eracism*, which had done well, the cicatrix being round and smooth, avoiding much of the trouble some hemorrhage which always attended the application of the knife. In speaking of abortion, he told me of the disadvantage of using strips of linen or muslin as a plug; for in a case which came under his care, hemorrhage was kept up for years by several threads in the os uteri, which being discharged, the case got well. He therefore always advised the use of the silk hankerchief or pieces of sponge. He also advises, in all cases, to use the speculum. The method of *Scanzoni*, he remarked, was first to introduce a bag, and then fill it up with tow, cotton, or wool, and thus we are sure to remove all. He stated that this distinguished accoucheur had received £5,000 for the safe delivery of the Empress of the Russias, wife of Alexander. I then left the wards, when Dr. McC. took me into his private museum and lecture room, and showed us some most interesting specimens of fibrous polypi of the os uteri, fibrous tumors, cysts, a case of placenta praevia, with the placenta attached to the uterus, with numerous cases of monstrosities, and many most interesting pathological specimens.

The following rules, to be observed in attending lying-in women, are so good that I have copied them for the benefit of the young beginners in midwifery. I received them from Dr. Alfred H. McClintock, the distinguished President of the Dublin Obstetrical Society, and Master of the Hospital.

"I feel it a duty to lay down certain ethical rules for your observance whilst attending here. This I do the more readily, because these precepts do not merely apply to your conduct when frequenting our wards—no, they must also be followed out in private practice, and be consistently adhered to in your attendance upon lying-in women, whatever may be their rank or class in society.

"1. In the first place, then, never for a single moment forget that these patients, one and all, belong to the weaker sex, and that you see them under their sorest trial, and at the time of their greatest bodily suffering. In common with all other sufferers, they claim *humanity* and *gentleness* at your hands. But this is not sufficient. You must exercise toward them the utmost *forbearance* and *delicacy*. In the extremity of her anguish, the parturient woman will sometimes utter expressions of impatience or of reproach, which she is unconscious of or cannot control. She may be restless or refractory, setting at naught your advice and disregarding injunctions. On all such occasions you must make the necessary allowance for the patient, and instead

of minding her intractable behavior, you should redouble your efforts to diminish her sufferings and to sustain her flagging energies. Never allow yourselves to be betrayed into using a harsh word or rude act toward the patient. It might apparently escape notice at the moment, but most assuredly it would not be forgotten. Prolonged pain and deferred hope are trying to the temper, even of those who have the best regulated minds. No wonder, then, if irritability or petulance should be evinced by some of our patients, we should rather regard it as one of the physiological manifestations connected with parturition. By accustoming our mind to this way of thinking, we shall the better preserve that equanimity and self-possession so requisite in the puerperal chamber. Now, this is your proper course, irrespective of all consequences, but I can assure you such a line of conduct will bring its own reward.

"2. Not less incumbent upon you is it, that your ministrations upon the *accouchée* shall be marked by *delicacy*, both in word and deed. Everything that would needlessly hurt or offend the feelings of our patient must be *studiously avoided*. In acting so we fulfil a sacred duty. Ocular and manual examinations have to be made in the course of labor, which are, of necessity, irksome and disagreeable; but on the faith of their being absolutely requisite, for the benefit and preservation of herself and offspring, no sensible, right-minded woman, after being so informed, raises any objection to these inquiries being instituted. You must be careful, therefore, to remember, and to act upon this tacit understanding. He who disregards it inflicts an uncalled-for wound upon female delicacy, and is guilty of a breach of faith toward his patient.

"I can tell you it oftentimes happens, when a patient may appear to you so absorbed in her physical suffering as to take no cognizance of your acts, that she *will* do so nevertheless—so sensitive is that feeling of modesty enshrined within the female breast—and though, at the time, this forgetfulness on your part may pass apparently unnoticed, yet without fail it will be remembered to your disadvantage. You will find it a good maxim in private practice, never to make any inquiry of the patient which may be obtained through the medium of the nursetender. I have known men, otherwise well qualified, lose practice through inattention to these rules; and I am perfectly satisfied that by habitually consulting the feelings of your patients, and respecting the claims of delicacy on all possible occasions, you shall grow in their confidence and estimation—thereby showing, in one of many instances that might be adduced, how the path of moral duty and self-interest entirely coincide.

"3. A third precept there is, which I would earn-

eastly beg of you to remember when engaged in the practice of midwifery here or elsewhere, and it is this: *never to go to a case of labor without previous careful ablution of your hands, and changing your clothes if you have been about a patient with erysipelas, diffuse inflammation, or fever of any kind whatsoever.* I keep in the labor ward a jar of solution of chloride of soda, and I require that pupils, when coming on duty, shall make careful ablution of their hands with some of it. Experience has also shown that this terrible malady, puerperal fever, may be induced by contagion or infection, carried to the lying-in woman in the clothes of the attendant, from patients laboring under the diseases already mentioned, namely, erysipelas, diffuse inflammation, pyæmia in every form, and malignant fevers of different kinds.

"Now, if it be a matter of importance—of moral obligation—to use these precautions in private practice, where a single patient is the object of your care, surely it becomes doubly, trebly incumbent upon you to do so in hospital practice, where you will come in contact with two, three, four, or perhaps more lying-in women.

"4. There remains one more caution, which I think it expedient to lay down for your guidance in the puerperal chamber. *You should keep a strict guard on your conversation, manner and expression towards the patient and within her hearing, so that she may not, through you or from you, come at the knowledge of any fact or opinion which might depress or disturb her mind.*

"This is, without doubt, a golden rule of obstetrical ethics, and should never be forgotten in all our intercourse with puerperal patients. But it is not every man who possesses this habitual caution and reserve; a few, indeed, have it by nature, but with most of us it has to be acquired by careful discipline and mental training. It is, without doubt, desirable that the physician should at all times exercise this caution and self-command in the sick room; but these qualities are pre-eminently necessary in his attendance upon women in child-bed. Wanting them, the accoucheur, no matter how proficient he may be in the knowledge of his art, can scarcely be considered competent to practice it with success. I have sometimes been distressed beyond measure at observing the immediate ill effects produced by an indiscreet remark, and unfavourable opinion, or a grave prognosis, uttered in the hearing of a patient, at a time when her life seemed trembling in the balance. It is seldom you will be able, by any process of reasoning, to remove the unfavorable impression which the unguarded look or word has made. "Verbum, semel emi-sum volat irreversible."

During our stay in Dublin, also visited the Richmond Hospital, and was interested with the large

collection of pathological drawings, the most perfect that I ever looked upon. The museum contained a large number of casts of various forms of diseases of the joints. Especially of interest was the rheumatic inflammation of the joints, so ably described by the distinguished surgeon, Sir Wm. Adams. This Hospital consists of three departments—Surgical, Poor House, and Fever, the latter department being entirely separated from the others.

My next visit was to the Dublin Prison and Stevens Hospital; I found the prison under an admirable system of rewards and punishments, good behaviour being rewarded by kindness and consideration. The Medical Department of this fine establishment is under the care of my friend, Dr. R. McDonald, a gentleman well qualified for the important post. He is also a lecturer on surgery at the Richmond Hospital School of Medicine. The Stevens Hospital is a fine institution, and the lady who left the money for the endowment of so noble an institution, deserves much credit. Their museum is small, but interesting. There is also a School of Medicine attached to this institution.

At the invitation of the most distinguished of the ophthalmic surgeons of Dublin, Dr. Jacob, I visited on the 9th, the Dublin City Hospital, and after examining three cases of cataract, operated upon by that gentleman, and a case of entropion, with some minor cases. He operated at 11 o'clock upon a case of double cataract, with his round needle, which he selected from No. 7 paper of needles; it is curved and bent at the point, and is five-eighths of an inch in length, with a point ground off at each side. By it, he required no assistance; the round needle acts like an ophthalmostale, so that he could rest before concluding the operation; the patient declaring that he suffered no pain. He always operates through the cornea, having found, from long experience, that it was much the safest method. In his ward he had blue blinds to the windows, but he thinks it better for patients to have the natural light. After the operation, he kindly presented me with the needle with which he had operated.

L. T.

News and Miscellany.

Removal of St. Thomas' Hospital.—This ancient institution, which has occupied its present site in London since its foundation in the year 1215, has taken up with the spirit of progress of the present times, and is to be removed to a suburban location, ten or fifteen miles from the city, on the line of one of the railways.

Much argument is offered in favor of the rural location of hospitals—such as the advantages of space, fresh air and good water—but

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the Med. Times and Gazette remarks that "it would, of course, be necessary for the governors of the hospital to provide a small establishment in town for the immediate reception of sufferers from accidents and attacks of acute disease, and for the transfer into the country of all cases that are likely to require lengthened treatment." The inconveniences of a suburban location would, it is thought, be much more than counterbalanced by the removal to a healthy situation in the country.

Surgeon D. C. Green and Assistant Surgeon Bennett Green, were passengers on the North Star, which recently narrowly escaped being wrecked, with nearly 800 passengers aboard. They have been ordered, with a relief company, to the Saranak, on the Central American station.

It is proposed to lay out six parks in Brooklyn, at convenient points of access, with avenues leading from one to another. The expense will not be large, while the advantages will exceed those possessed by any city in the world.

Dr. Winship, the athlete, who is now delivering popular lectures in various places on "physical culture," has added 103 pounds to the amount which he is able to raise from the floor with his hands, making the total now 1,032 pounds.

Leave of absence for sixty days, for the benefit of his health, has been granted to Assistant Surgeon P. A. Quinan, Medical Department.

Compressed Air as a Means of Ventilation.—A French company propose to supply the city of Paris with powerfully compressed air, to be condensed outside the city, and be conducted in strong pipes to wherever it is needed for the purpose of driving machinery, blowing of smelting furnaces, and it is also suggested that it may be used effectively in the ventilation of dwellings, hospitals and sewers. It is intended that it should take the place of steam as a motive power, and the amount of power consumed they propose to measure by a meter.

The Physician in Ordinary to the Queen.—*The Med. Times and Gazette* says that the report that Sir James Clark had retired from his post of Physician in Ordinary to the Queen of England, is incorrect. "It is true that Dr.

Baly was recently appointed Physician Extra-ordinary to the Queen, because Sir James Clark is now approaching an age when his regular attendance on her Majesty and the royal family might, from various causes, be interrupted; and it was not unnatural that the Physician who might ultimately become his successor should be selected at an age considerably junior to Sir James, in order to prevent the Queen and royal family being subjected to frequent changes of the ordinary medical attendant. This is the true explanation of Dr. Baly's appointment, and of the fact of his recent attendance in the North; but the statement that Sir James Clark has retired, is altogether premature."

Medical Ambrotypes.—An enterprising and ingenious artist has circulated the following among the medical students of this city:

"Special card to medical students.—Ambrotypes and enamelled photographs.—The illustrated back-ground, representing the interior of a physician's office, and exhibiting the sitter as surrounded with the appliances of his profession, viz: a representation of the human skeleton, book-case, library, table, bottles, vials, etc., etc. The effect is both novel and pleasing, and especially appropriate to the disciple of *Æsculapius*. He is represented in the picture as comfortably seated in his office, with the various surroundings illustrative of his honorable profession. The possession of such a memento will, in after years, recall to mind pleasing recollections of that interesting period associated with the lecture room and the Alma Mater."

As the artist is evidently non-professional, and has not studied all the effects which may add to the imagery intended, we will offer to the sitter a few suggestions, which will make his picture a more perfect personification of medicine.

While sitting he should stand up with professional dignity.

The expression of countenance, to evince a respect for primitive medicine, should be as hippocratic as possible; and if Vesalius be his tutelary, he may, in imitation, strongly contract his musculi pathetici oculorum.

The gold head of his cane should be placed knowingly beneath his nose, as if to assist in supporting the superincumbent weight of brain.

If the sitter is surgically inclined, he may be represented composedly picking his teeth with a catlin.

Both front and rear views should be represented. In the latter stern aspect should be seen a pair of long obstetrical forceps sticking out of one coat-tail pocket, and from the other should project his "sheep skin," which, being prepared for the occasion, should be tanned with the tail on.

The pockets in the inguinal regions should be conspicuously everted. The expressiveness of the latter allegorical effect will be heightened and made more suggestive by having a collapsed pocket book placed on the table.

The "back ground" alluded to by the artist, to give a finish to the picture, and to cover up any bad work, should be a burying ground.

Various additional professional insignia might also be placed on the table, such as a syringe, speculum, some teeth with long fangs, snakes in bottles, and a copy of the last number of Reese's American Medical Alligator.

The following is set down as the relative heating values of different kinds of American wood:—Shelbark hickory, being taken at the highest standard, 100; pignut hickory 95; white oak, 84; white ash, 77; dog wood, 75; scrub oak, 73; white hazel, 72; apple tree, 70; red oak, 69; white beech, 65; black walnut, 66; black birch, 62; yellow oak, 60; hard maple, 59; white elm, 58; red cedar, 50; wild cherry, 44; yellow pine, 74; chestnut, 52; yellow poplar, 52; butter nut, 52; white birch, 49; white pine, 42.

Distribution of Animals and Fishes.—As on land, in tropical temperature, the animal creation is much more numerous than in colder regions, so, too, as the naturalist proceeds from south north in the European seas, he finds a vast diminution in the number of genera and species of marine animals. Thus the number of species of fishes in the Mediterranean seas is 444; in the British sea, 216; in the Scandinavian sea, 170; and the species of marine mollusca in the same three marine provinces are respectively 600, 400, and 309.

A "Tall" Family.—A correspondent of the Ohio *Citizen* furnishes the following list of a tall family, in Bourbon county, Ky.

The old gentleman is a native of Maryland, and is in his 70th year, was brought to the State of Kentucky when quite young, and has raised his family in the above county, consisting of six sons and three daughters.

In the following table the height and weight of the entire family are given:

Father,	6 feet 4 inches,	200 pounds.
Mother,	6 feet 4 inches,	286 pounds.
Thomas,	6 feet 4 inches,	230 pounds.
James,	6 feet 6 inches,	215 pounds.
Sarah,	6 feet 6 inches,	165 pounds.
John,	6 feet 11 inches,	296 pounds.
Mary,	6 feet 2 inches,	150 pounds.
Elijah,	6 feet 2 inches,	210 pounds.
Matthew,	6 feet 6 inches,	220 pounds.
Eli,	6 feet 6 inches,	197 pounds.
Daughter,	6 feet 3 inches,	160 pounds.

Total—height, 70 Weight, 2,298 pounds.

The family are all living, except the youngest daughter, are all wealthy, and of the first families of Kentucky. I might add several of the grandchildren are over 6½ feet, and are still growing.

Medical Chemistry.—We have received a circular, signed by Messrs. James C. Booth and Thos. H. Garrett, and Dr. J. J. Reese, who propose to give instruction in Practical Chemistry, Mineralogy, and Geology. These gentlemen are very capable of giving instruction in these departments, and we trust that they will receive encouragement. Their office is in Chant street (College avenue) rear of St. Stephen's Church, Tenth street, above Chestnut.

A person in Humelstown, Pa., died lately from arsenical poisoning, produced by the application of arsenic to a cut surface, from which a wart had been removed. . . . Mr. Telesphore Lois, a Belgian, has accepted the invitation of the Brazilian Government, to navigate the river Amazon to its source. He has engaged a party of sixty-four to accompany him. . . . The lake discovered by Dr. Livingston, in Central Africa, is called Lake Shiriva. It is twenty or thirty miles wide, and fifty or sixty long, and is two thousand feet above the sea. . . . M. Langlais affirms that the vesicles of clouds and fogs contain watery vapor in their interior, and not air, as is usually supposed. . . . Some professors of the town of Murcia, in Spain, have been deprived of their offices, in consequence of their having left the town during the time in which the cholera was prevailing. . . . Mr. Stephenson, the great engineer, bequeathed fifty thousand dollars to the Newcastle Infirmary, which is located in the vicinity of his birth-place, and late residence.

To Correspondents.

W. M. Ohio.—The use of propylamin in the Philadelphia Hospital, we have been informed by Dr. Ludlow, has resulted in its being condemned as inert, or at least as having no therapeutic value. Its use has been abandoned.

B. E. C. Virginia.—Collodion, if of good quality, will hold with remarkable tenacity, provided the part be entirely free from moisture. For surgical purposes, we consider the article of no value, as the adhesive, or isinglass plasters, are always more convenient and efficient.

M. D.—Dr. Hamilton's work on Fractures will soon be published, by Blanchard & Lea.

Galen.—There is nothing in the Code of Ethics which can be made to object to a physician keeping a drug store, *provided he does not deal in patent remedies or nostrums.*

Student.—There is no examination held for the office of Resident Physician in the Pennsylvania Hospital. The appointments are made by favor, or the influence of recommendation.

Dr. J. F. N., Mississippi.—The price of Chassaignac's improved eraser, the best in use, is \$20; Headland on the Action of Medicines is \$1.75. They can be sent by express at a moderate expense. Books can be sent by mail. We will attend to your orders for you.

Communications Received.—*Illinois*, Dr. W. McKnight, (with encl.) Mr. J. Hulme—*Mississippi*, Dr. P. B. Scott, (with encl.)—*New York*, Drs. Kiernan and O'Meagher, W. A. Townsend & Co., Dr. Mark Stevenson, (with encl.)—*New Jersey*, Dr. D. B. Trimble—*Pennsylvania*, Dr. J. L. Stewart, (with encl.) Mr. J. Hulme, Dr. R. H. Patterson, Dr. A. G. Walter—*Virginia*, Dr. W. H. Triplett.

Office Payments.—Dr. D. M. Tindall, Dr. J. V. Schenck, Dr. Beaumont.

Missing Numbers.—Have been sent to Dr. R. H. Patterson, Pa., Dr. L. D. Personette, Ind., Dr. C. H. Covell, N. Y., Dr. W. W. Wall, Geo.

MARRIAGES.

GILFILLAN—LADD.—At Westchester, N. Y., Nov. 15th, by Rev. C. D. Jackson, D. D., Dr. William Gilfillan, of St. Louis, Mo., to Miss Carrie M. Ladd, of Throg' Neck, N. Y.

WILLIAMS—CULBERT.—On the 22d inst., by Rev. Wm. P. Breed, J. S. Williams, M. D., and Miss Lizzie Culbert, all of this city.

POTTER—CLOUGH.—In New York, Nov. 2d, by Rev. Dr. Gillette, Frank W. Potter, M. D., of Oswego, to Miss Nellie P. Clough, of that city.

RUTTER—POLLOCK.—In Williamsport, Pa., 17th inst., by the Rev. W. Simonton, Mr. James H. Rutter, of Chicago, Ill., and Miss Sallie W., second daughter of Dr. Samuel Pollock, of Williamsport.

DEATHS.

BERGHAUS.—At Harrisburg, 17th instant, Dr. Henry C. Berg- haus, aged 84 years and 6 months.

MINER.—In New York, Nov. 18th, William Miner, M. D., in the 45th year of his age.

PERRY.—In Boston, Nov. 18th, M. S. Perry, M. D., a distinguished physician of that city.

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ADVERTISEMENTS.



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THE PATENT METALLIC SKELETON ARTIFICIAL LEG,

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PHILADELPHIA, June 11, 1855. It affords me great pleasure to certify, that the *Metallic Artificial Leg*, invented and manufactured by Yerger & Ord, is, in my opinion, *incomparably superior* in every respect to any article of the kind I have ever seen in Europe or America.

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Emeritus Professor of Surgery in the University of Penna.

The following Report, shows conclusively, the opinion entertained of this leg, by the well-known Surgeons, whose names are annexed:

REPORT OF THE JUDGES OF THE FRANKLIN
INSTITUTE EXHIBITION OF 1851.

The Committee have performed the duty assigned to them, and here respectfully submit their Report:

The only objects of comparison presented to them, were two Artificial Legs, above described, one of which, (No. 3155), has already received a Silver Medal from the Institute, and being composed of soft wood (willow) and iron, in the opinion of the Committee, *decidedly inferior to the Patent Skeleton Leg*, (No. 3173,) the important parts of which are made of steel, so contrived as to increase its strength and durability, without impairing its lightness.

The Committee cannot refrain from expressing their approbation and admiration of the Apparatus for Club Feet, (No. 3172,) the ingenuity of which has not been surpassed. They recommend the award of the following premiums:

First—To Messrs. Yerger & Ord, for their Skeleton Metallic Leg..... First Premium.
Second—To the same for their Improvements in Club Foot Apparatus..... Second Premium.

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Tickets for the Course, Demonstrator's Tickets included, 100 dollars; Matriculation Fee, 5 dollars; Diploma Fee, 30 dollars.

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